

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/869004
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	2					
6	/					
7	/					
8	/					
9	/					
10	4					
11	4					
12	/					
13	/					
14	2					
15	/					
16	/					
17	6					
18	6					
19	4					
20	4					
21	3					
22	3					
23	2					
24	2					
25	3					
26	3					
27	3					
28	8					
29	8					
30	/					
31	/					
32	2					
33	/					
34	/					
35	/					
36	4					
37	4					
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49						
50						
TOTAL IND.	11		↓		↓	
TOTAL DEP.	54	←		↔		↓
TOTAL CLAIMS	67	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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98			
99			
100			
TOTAL IND.		↓	
TOTAL DEP.		←	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS